

Please print or type. (Form designed for use on elite (12-pitch typewriter).

88684665

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-952-7550

GENERATOR

TRANSPORTER

FACILITY

| | | | | | | | | | | | | | |
|--|--|---|--|-----------------------|--|--|--|---|--|----------------------------|--|--|--|
| UNIFORM HAZARDOUS WASTE MANIFEST | | 1. Generator's US EPA ID No. CAD 008 252 983 | | Manifest Document No. | | 2. Page 1 of | | Information in the shaded areas is not required by Federal law. | | | | | |
| 3. Generator's Name and Mailing Address PARA PLATE 15910 SHOEMAKER AVE., CERRITOS, CA 90703 | | | | | | A. State Manifest Document Number 88684665 | | | | | | | |
| 4. Generator's Phone (213) 404-3434 | | | | | | B. State Generator's ID | | | | | | | |
| 5. Transporter 1 Company Name OMEGA RECOVERY SERVICES | | | | | | C. State Transporter's ID 110237 | | | | | | | |
| 6. CAD US EPA ID Number 042 245 001 | | | | | | D. Transporter's Phone 213 698-0991 | | | | | | | |
| 7. Transporter 2 Company Name | | | | | | E. State Transporter's ID | | | | | | | |
| 8. US EPA ID Number | | | | | | F. Transporter's Phone | | | | | | | |
| 9. Designated Facility Name and Site Address OMEGA RECOVERY SERVICES 12504 E. WHITTIER BLVD WHITTIER, CA 90602 | | | | | | G. State Facility's ID CAD 042 245 001 | | | | | | | |
| 10. US EPA ID Number CAD 042 245 001 | | | | | | H. Facility's Phone 213 698-0991 | | | | | | | |
| 11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) | | | | | | 12. Containers No. Type | | 13. Total Quantity | | 14. Unit Wt/Vol | | 1. Waste No. | |
| a. WASTE ORM-A N.O.S NA 1693 (FLEXOSOLVENT) | | | | | | 01/10 DM | | 00300 G | | | | State 211, 212 EPA/Other F001, F003 | |
| b. | | | | | | | | | | | | State | |
| c. | | | | | | | | | | | | State | |
| d. | | | | | | | | | | | | State | |
| J. Additional Descriptions for Materials Listed Above A) FOR RECYCLE | | | | | | K. Handling Codes for Wastes Listed Above a. 01. b. c. d. | | | | | | | |
| 15. Special Handling Instructions and Additional Information PROFILE NUMBER B 10016 | | | | | | | | | | | | | |
| 16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford. | | | | | | | | | | | | | |
| Printed/Typed Name FRANK E. Hernandez | | | | | | Signature Frank E. Hernandez | | | | Month Day Year 03/14/91 | | | |
| 17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name Robert T CIRINGONI | | | | | | Signature Robert T Ciringoni | | | | Month Day Year 03/14/91 | | | |
| 18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name | | | | | | Signature | | | | Month Day Year | | | |
| 19. Discrepancy Indication Space | | | | | | | | | | | | | |
| 20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name N. Jay Solomon | | | | | | | | | | | | | |
| Signature N. Jay Solomon | | | | | | Month Day Year 10/31/91 | | | | | | | |